

St. Louis: The City Where Healthy Living Matters

Obesity Plan

Goal: By 2018, Reduce Obesity by 5%.



April, 2014

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Obesity Plan

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Join us for the St. Louis Region's "JUMP N2 Shape" weight loss challenge!
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Introduction

Under the direction of Mayor Slay, the City of St. Louis Department of Health has completed four community-wide assessments of the public's health. The most recent was released in 2012 using data from 2006 - 2009 and from 2010 when possible. Entitled "Understanding Our Needs," these comprehensive guides provide a detailed look at health indicators for each zip code within the city.

This local, neighborhood-focus allows the City and its partners in the community to make strategic, data based decisions regarding what and where resources are needed. This approach continues to be highly successful in reducing poor health outcomes. Through collaborations and concerted efforts made by the City and its partners, significant improvement has been made in many major health indicators in the City of St. Louis over the past 10 years:¹



Mayor Slay views a display at a Let's Move! event.

- Overall mortality rates decreased 14%
- Heart disease mortality decreased 26%
- Incidence of the top four types of cancer decreased by an average of almost 10%
- Deaths due to stroke decreased 36%
- Diabetes deaths decreased 11%
- Infant mortality declined 7%
- Childhood lead poisoning prevalence fell by 80%
- Incidence of gonorrhea declined 41%
- 6% fewer children with asthma on Medicaid received acute care in a hospital

While the City celebrates these successes, there is still more work to be done. In particular, obesity continues to be an area of great concern to the City of St. Louis, the St. Louis region, Missouri, and the nation. The Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) has been reporting the self-reported weight status of City of St. Louis residents since 2004 and the most recent data indicates that, in 2011, 26.8% of residents of St. Louis are obese (≥ 30.0 BMI).² While this data is self-reported, it is the current national standard for obesity data collection and most recent local data available (other research, attempting to correct for this bias, put City of St. Louis adult obesity prevalence significantly higher: 36.3% for males and 45.0% for females in 2011).³ Figure 1 demonstrates how the obesity rates in the City have been similar to the state and national averages.

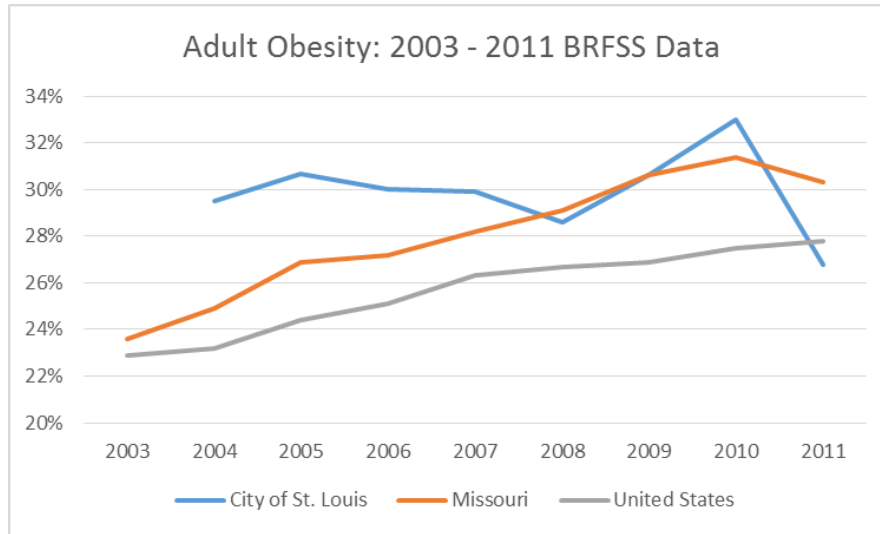


Figure 1: Obesity Trends, 2003-2011

Obesity is a major social concern as it is one of the greatest drivers of chronic disease and healthcare costs in the United States. A study estimated that the annual cost of obesity-related illness to the United States in 2005 was \$190 billion or approximately 20.6% of annual healthcare spending.⁴ In 2003, it was estimated that \$1.6 billion was spent in Missouri on obesity-related medical expenditures.⁵ That number is likely higher now, a decade later.

It is in that context that the City of St. Louis embarks on a concerted effort to reduce obesity. Its many dedicated residents and organizations have already proven effective in reducing negative health indicators as well as developing and implementing city, regional, and state initiatives (e.g., Teen Violence Prevention Taskforce Community Plan, City of St. Louis Sustainability Plan). The availability and access to green space, the many academic and community-based organizations, amount of clinical care services, and an energized and resilient population will be major strengths in the fight to reduce obesity in St. Louis.

Furthermore, the City Department of Health, led by Interim Director Pamela Walker, has begun an intensive city-wide health improvement process. This Community Health Improvement Plan will create a pathway to improve health throughout all the City's neighborhoods as well as revitalize and reinvigorate community engagement. In turn, increased engagement will help to direct and tailor the Department's efforts towards interventions that work and match residents' needs and desires.

This plan outlines the scope of obesity in our community, the determinants and impacts of obesity, current evidence based practice for stopping and reversing obesity, and a concrete plan of action for implementing these evidence-based interventions. This blueprint aims to support the Mayor's Sustainability Action Agenda to reduce the rate of obesity in the City of St. Louis by 5% in five years.

"It is not just City government's plan. It is our City's plan. It is my hope that individuals, community organizations, and neighborhoods will both embrace and help implement it."
 –Mayor Francis S. Slay, City of St. Louis Sustainability Plan

Our City's Health

While zip code-level data on weight status has not yet been collected in the City, other measures of poor health of which obesity is a contributor, such as heart disease, diabetes and certain types of cancers are available at this level. They also appear more frequently in neighborhoods with specific attributes or made up of populations with high levels of detrimental “social determinants of health” (e.g., educational attainment, poverty levels).⁶

Secondary Conditions

As obesity is related to heart disease, diabetes, and certain types of cancers, this report identifies those zip codes most affected by these secondary conditions as they indicate likely areas for high rates of obesity.⁷

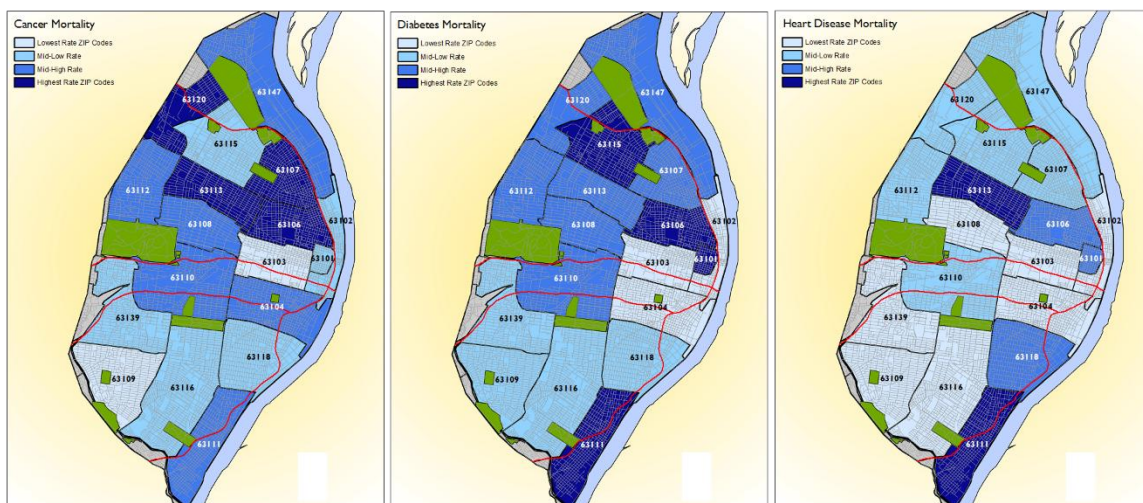


Figure 2: Cancer, Diabetes, and Heart Disease Mortality by Zip Code

While the relationship between obesity and other health outcomes is more complicated than a simple substitution of these secondary conditions to identify disparities in the city, it is likely that those zip codes (Figure 2) with higher than average rates of heart disease, diabetes, and cancers are also those zip codes with higher than average rates of obesity.

Other data point to a decline in the population engaged in healthy behaviors: in 2004, 29% of City residents reported engaging in *any physical activity* during the past month, but that number dropped to 27.8% of City residents in 2011.⁸ In 2009 only 19.9% of Missourians reported eating five or more fruits and vegetables a day – a drop from 1996, when 22.6% of Missourians reported consuming five or more fruits and vegetables a day.⁹

Social Determinants of Health

Beyond disease, the health of a community is determined also by the “conditions in the environments in which people are born, live, learn, work, play, worship, and age (which) affect a wide range of health, functioning, and quality of life outcomes and risks.”¹⁰ These are also called the Social Determinants of Health. Mayor Slay recognizes these in his

Sustainability Action Agenda which calls for a comprehensive approach to improving the City of St. Louis.

Healthy People 2020 has developed five key areas of social determinants of health: economic stability, education, social and community context, health and health care, and neighborhood and built environment.¹¹ These five areas for the City of St. Louis are explored with data from the Department of Health's 2012 Understanding Our Needs report:¹²

Economic Stability

In 2011, the average household income in the US (\$67,529) was 51% higher than the average income in the City of St. Louis (\$44,675). And within St. Louis, the average household income for Caucasians was 49% higher than the average income in the Black or African-American community (\$51,084 vs. \$34,375). By zip code, mean household income ranged from \$22,923 in 63106 to \$63,616 in 63102 – a 278% difference – and almost half of all families (46.3%) in zip code 63106 lived below the poverty line.

Education

The percent of persons age 25 or older who have a high school degree or GED in the City of St. Louis (71.8%) is about 13% lower than that for Missouri (81.7%) and the US (80.7%). The graduation rates in three zip codes (63106, 63107, and 63120) were all below 60%, while four zip codes (63139, 63108, 63102, and 63109) had graduation rates above 80%.

Social and Community Context

While St. Louis has a plurality of Black and African-American residents, it also has a high level of racial polarization (i.e., a high number of single race individuals living in one area). Eight of the 18 zip codes in the City of St. Louis have 80% or more residents of a single race. And of these eight, six zip codes have 90% or more residents identifying as Black or African-American.

Health and Health Care

Almost three-quarters (72.8%) of primary care physicians are located in the two zip codes (63110 and 63104) that have the major teaching hospitals in the city. Over a quarter (25.9%) of City residents are Medicaid eligible – compared to 15.9% of Missouri residents (national numbers are not available). In six zip codes, however, this number ranges from a third to almost three-quarters of residents that are eligible for Medicaid. And the percent of live births to women that have not received prenatal care in the city (17.5%) is higher than that of the state or national means.

Neighborhood and Built Environment

St. Louis has 285 vacant lots per square mile, but in some zip codes – generally those in the north and in predominantly Black or African-American neighborhoods, have much higher numbers of vacant lots. Crime against property (i.e., burglary, larceny, and auto theft) in the city was 87.0 per 1000 residents in 2011; comparable results for the state were 33.9 per 1000 residents and 30.4 per 1000 residents in the United States. Violent crime (i.e., homicide, rape, robbery, and aggravated assault) was also significantly higher in St. Louis

(21.2 crimes per 1,000 residents) than in the state (4.9 crimes per 1,000 residents) or national level (4.3 crimes per 1,000 residents).

Areas of Need

While there is some variation between the above indicators, there are zip codes that appear more frequently than others for both social determinants of health and secondary conditions: specifically 63106, 63107 and 63113 all appear in at least of the three of the above categories. So while obesity is an issue for the entire City, these zip codes and their surrounding areas should receive particular attention and support to best combat these determinants of and outcomes from obesity.

Community Assets

Facing these challenges is important but recognizing and leveraging our many assets and community strengths are even more important. While the following list is not exhaustive, it does give a snapshot of some of the strengths in the City of St. Louis:

Education

There are five higher education institutions located in the City of St. Louis of which two are national research institutions that provide technical assistance, resources, and training to residents and local organizations. The St. Louis Public School District (SLPS) was provisionally accredited in 2012 and served over 22,000 children in the 2012-2013 school year of which over 17,000 qualified for free lunch.¹³ The SLPS, charter schools, and parochial school systems allow for a high degree of impact on the health and well-being of low-income children in the City of St. Louis.

Health and Health Care

There were fourteen community health centers in the City in 2011 and the majority of them were located in low-income, minority communities on the north side of St. Louis. The St. Louis Regional Health Commission manages the Gateway to Better Health demonstration project which provides care to low-income, uninsured in the region including the City of St. Louis.¹⁴

Neighborhood and Built Environment

Since 2005, the City of St. Louis has installed approximately 134 miles of bike lanes and trails. And the St. Louis park system is the most extensive in the state – the 2013 County Health Rankings indicate that 80% of City residents live within a half mile of a public park, compared to 33% of all Missourians¹⁵ and 57% of all Americans.¹⁶

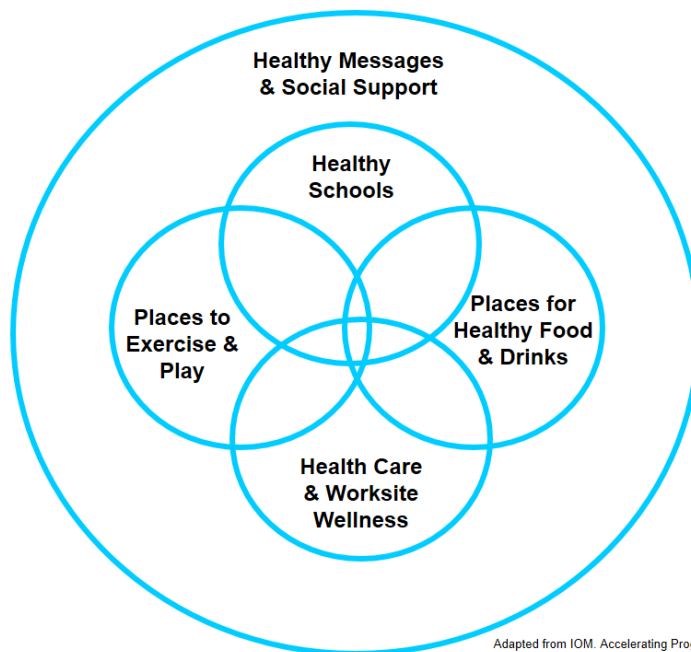
So clearly, despite the many challenges, there are many assets in the City to use in combating the obesity epidemic. The next section will describe in detail what prevention and intervention strategies have been proven to be most effective in reducing obesity.

What Works

Over the past decade, significant strides have been made towards combating the obesity epidemic.¹⁷ The CDC recently reported the first significant drop in childhood obesity in the United States: in 19 states, including Missouri, obesity rates declined at a statistically significant rate for low-income preschoolers from 2008 to 2011.¹⁸

And in St. Louis, many organizations have been working for years on developing effective programs, policies, environmental, and system changes to combat obesity both for adults and children (See Appendix A). These organizations' successes are bolstered by a growing evidence base of effective interventions for obesity prevention and control. In 2013, the Institute of Medicine (IOM) released a summary report on this evidence.¹⁹ The report highlights five broad areas for comprehensive obesity prevention and this framework is the model for the City of St. Louis' obesity prevention and control plan:

1. Make physical activity a routine part of life (**Places to Exercise & Play**).
2. Create food and beverage environments that ensure healthy food and beverage options are the routine, easy choice (**Places for Healthy Food & Drinks**).
3. Inform about physical activity and nutrition (**Healthy Messages & Social Support**).
4. Expand the role of health care providers, insurers, and employers in obesity prevention (**Health Care & Worksite Wellness**).
5. Make schools a focal point for obesity prevention (**Healthy Schools**).



Some of these goals are already incorporated into organizations and initiatives serving the City of St. Louis while others will be incorporated into this plan and existing efforts by City partners. The following strategies are summarized from the IOM's report with a short selection of current organizations working towards these goals (See Appendix A for list of organizations engaged in obesity reduction efforts).

	Places to Exercise & Play	Places for Healthy Food & Drinks	Healthy Messages & Social Support	Health Care & Worksite Wellness	Healthy Schools
<u>Strategy 1</u>	Improve the built environment to support physical activity, including: parks, bike lanes, and sidewalks and crosswalks.	Reduce consumption of sugar-sweetened beverages (e.g., soda).	Create and implement a comprehensive marketing campaign around increasing physical activity and nutrition in the community.	Improve access to preventative care that relates to obesity.	Require physical education in schools and increase physical education time when already present.
<u>Strategy 2</u>	Create and support effective community based programs that provide physical activity opportunities for all.	Increase access and availability to low-calorie and/or healthy options in restaurants and other food establishments.	Nutrition labeling at grocery stores, convenience stores, and restaurants.	Improve healthy eating and active living at places of employment through worksite wellness initiatives.	Improve healthy eating standards at schools.
<u>Strategy 3</u>	Improve and increase physical activity requirements for children at childcare facilities.	Reduce access to unhealthy food and beverages at government and community spaces and events through the development of nutritional standards.	N/A	Support pregnant and breastfeeding mothers at places of employment.	Improve health education – specifically nutrition and food literacy.
<u>Strategy 4</u>	Ongoing evaluation of interventions and the implementation of those that are proven to be most effective.	Modify existing policies or create new policies that support healthy food options and/or restrict unhealthy food options.	N/A	N/A	N/A
<u>Examples of Related Community Organizations</u>	Trailnet Parks Department Great Rivers Greenway Saint. Louis University Washington University	Health Department UM- Extension	Health Department Washington University Saint Louis University	Integrated Health Network American Heart Association MCFHC	St. Louis Public Schools Health Institute Saint Louis University

What Our Residents and Partners Want

Mayor Francis Slay and the City of Saint Louis believe that effective, meaningful community planning can only be done well if it is in partnership with all city stakeholders: residents, business, and non-profit organizations. To that end, the City and State have engaged residents and partners in order to understand their concerns and preferred interventions and strategies to address those same concerns. Furthermore, residents will be involved throughout the implementation of this and other community plans.

Some concerns, goals, and suggested strategies that emerged from three community engagement plans:

Community Health Improvement Plan (CHIP):

CHIP is a blueprint for overall better health for all residents of the City of St. Louis. This plan identified, with input from residents and partners, five major issues for the Department of Health to monitor and support:

1. Mortality from Diabetes, Cardiovascular Disease, Cancer, and Murder
2. Education System/Pipeline
3. Violence
4. Self-Destructive Behaviors
5. Poverty

Each of these issues have specific goals and objectives. The first issue, Mortality, indicated that the long-term effects of obesity (diabetes, cardiovascular disease, and cancer) are of paramount concern to residents and organizations in the City. Improving access to green space and physical activity opportunities as well as expanding education and screening were some of the strategies identified by residents and partners.

City of St. Louis Sustainability Plan:

In 2011, the City conducted a survey of residents, businesses, and other partners. The results were incorporated into the 2013 Sustainability Plan. Highlights of this survey as relates to obesity prevention activities were:

1. Safe streets and neighborhoods
2. Good public transit
3. Strong public schools/good education
4. Green surroundings
5. Bike-friendly
6. Walkable/pedestrian friendly
7. Great parks

All of these map well to the best practices of improving access to healthy eating and active living opportunities and supporting education opportunities for youth addressed by the IOM report. The final sustainability plan also had the goal, internalized in this report, of decreasing obesity by 5% through City initiatives by 2018.

Preventing Obesity and Other Chronic Diseases: Missouri's Nutrition and Physical Activity Plan:

In 2005 the Missouri Department of Health and Senior Services launched a nutrition and physical activity plan designed to, state-wide, decrease obesity among children, youth and adults.²⁰ This plan was further updated in 2010 by the Missouri Council for Activity and Nutrition (MOCAN) with the MOCAN Strategic Plan 2010. There were four specific goals, all of which mapped onto the IOM's strategies and were created with state-wide resident and partner input. They were:

1. Increase opportunities to adopt physical activity and nutritional habits that promote good health.
2. Increase the effectiveness of MOCAN marketing and messages that results in improving nutritional habits and increasing physical activity.
3. Increase support for health care systems to promote physical activity and nutritional habits that prevent and control obesity and chronic disease.
4. Increase state-level public policies that promote physical activity and nutritional habits to prevent obesity and chronic disease.

Priority Community Goals to Reduce Obesity:

The Community Health Improvement Plan, City of St. Louis Sustainability Plan, and Missouri's Nutrition and Physical Activity Plan all include specific objectives that relate to obesity and related areas of concern. Those five goals listed below are a combination of best practices according to the IOM, existing state and regional efforts, and resident and partner desires. Special focus will be made on policy, environment, and system-level strategies:

Obesity Plan Goals

Goal 1: Identify baseline data, monitor, and evaluate progress

Goal 2: Create city-wide obesity prevention campaign and support partner collaboration

Goal 3: Improve access to quality healthy eating opportunities

Goal 4: Improve access to quality active living opportunities

Goal 5: Improve access to quality health care through reduction in the number of uninsured and increased use of preventative care

Decreasing Obesity by 5%

While the City of St. Louis Department of Health offers several valuable functions to the larger community including implementing and supporting public health programs that serve thousands of City of St. Louis residents, there are also many other organizations in the City that are already engaged in specific obesity prevention activities. A key component of this plan will be ongoing collaboration with these organizations (see Goal 2, Tactic 5), specifically through the creation of a Healthy Eating, Active Living Partnership (HEAL Partnership). This group will support the coordination of resources, the implementation of specific tactics, and update this Plan based on available resources, resident needs, and evaluative indicators.

The following goals, tactics, and activities outline an initial blueprint towards meeting the goal of a 5% reduction in obesity by 2018. These were originally created by the Department of Health but have been modified based on feedback from the HEAL Partnership in early 2014. While each Tactic has a “responsible individual/group” attached, they are not the sole drivers of these Tactics but rather will take the lead on coordinating efforts in the context of this plan.

Goal 1: Identify obesity baseline data, monitor, and evaluate Plan progress

Tactic 1: Implement, monitor, and evaluate Obesity Plan goals, strategies, and activities.

Activity 1: Identify data hubs (e.g., HEDIS, vital records, Missouri Primary Care Association, FQHCs, hospitals)

Activity 2: Create and implement data hub coordination plan

Activity 3: Identify and assist in securing funding to conduct city-wide data collection around obesity and overweight indicators

Responsible Individual/Group: Data & Evaluation Work Group; Department of Health (CHIP Coordinator)

Tactic 2: Coordinate with other HEAL Partnership Work Groups to support their assessment and evaluation plans.

Activity 1: Assign an Evaluation and Data Work Group member to each of the other HEAL Partnership Work Groups

Activity 2: Determine other groups’ metrics as well as metric appropriateness

Activity 3: Determine consistent measures across HEAL Partnership Work Groups and populations

Responsible Individual/Group: HEAL Partnership: Data & Evaluation Work Group

Tactic 3: Develop City-wide obesity surveillance system.

Responsible Individual/Group: Department of Health (CHIP Coordinator; Epidemiologists)

Goal 2: Create city-wide obesity prevention campaign and support partner collaboration

Tactic 1: Conduct formative research within City/Region to determine social marketing strategy.

Activity 1: Conduct focus groups, distribute surveys, and test messages

Activity 2: Evaluate impact of social marketing and/or messaging

Activity 3: Identify baseline of attitudes and behavior towards healthy living

Responsible Individual/Groups: Social Marketing Work Group

Tactic 2: Identify partners who are willing to participate and contribute to social marketing strategy.

Activity 1: Identify beneficiaries of campaign and potential opposition

Activity 2: Engage with identified priority groups from Activity 1

Responsible Individual/Groups: Social Marketing Work Group

Tactic 3: Identify best practices in social messaging & marketing in similar markets to the City of St. Louis.

Activity 1: Identify similar markets to St. Louis

Activity 2: Research social marketing and messages that are done in markets identified in Activity 1 around obesity

Responsible Individual/Groups: Social Marketing Work Group

Tactic 4: Support and implement city-wide obesity reduction campaign (e.g., JumpN2Shape, Small Changes for Health).

Responsible Individual/Groups: Department of Health (Health Promotion), Social Marketing Work Group

Tactic 5: Regularly convene HEAL Partnership to collaborate on obesity-related activities and advocacy.

Responsible Individual/Groups: Department of Health (CHIP Coordinator), HEAL Partnership Chairs

Goal 3: Improve access to quality healthy eating opportunities

Tactic 1: Identify data for access to healthy foods

Activity 1: Identify existing national data on healthy eating access

Activity 1: Identify existing regional data on healthy eating access

Activity 1: Identify existing data from healthy eating programs in the City of St. Louis

Responsible Individual/Groups: Healthy Eating Work Group

Tactic 2: Collaborate with Evaluation & Data Work Group on evaluating and supplementing data identified in Tactic 1

Activity 1: Review data identified in Tactic 1

Activity 2: Determine area(s) in the City of St. Louis with higher level of need for improving access to healthy eating opportunities

Activity 3: Meet with Evaluation & Data Work Group to review results from Activity 1 and Activity 2 and create survey based on gaps in data

Responsible Individual/Groups: Healthy Eating Work Group

Tactic 3: Increase access to healthy eating opportunities through the healthy corner store project.

Responsible Individual/Groups: University of Missouri – Extension, Healthy Eating Work Group

Tactic 4: Support preconception, pregnancy, and breastfeeding programs and services

Responsible Individual/Groups: Maternal Child and Family Health Coalition, Department of Health (Women, Children, & Adolescent Health)

Goal 4: Improve access to quality active living opportunities

Tactic 1: Identify policy and environmental barriers to active living opportunities

Activity 1: Gather existing policy assessments on schools and recreation sites

Activity 2: Gather existing environmental assessments on parks, green spaces, and other places for active living opportunities (YMCA, schools)

Responsible Individual/Groups: Trailnet, Great Rivers Greenway, American Heart Association, Active Living Work Group

Tactic 2: Support existing and implement new worksite wellness programs

Responsible Individual/Groups: American Heart Association (Fit-Friendly Worksites), Active Living Work Group

Tactic 3: Increase quality of active transportation infrastructure (e.g., bike lanes, greenways, sidewalks)

Responsible Individual/Groups: Trailnet, Active Living Work Group

Tactic 4: Increase safety in neighborhoods

Activity 1: Create walking groups as neighborhood watches

Activity 1: Coordinated with Metropolitan Police Department to identify evidence-based approaches to increasing safety

Responsible Individual/Groups: Active Living Work Group

Goal 5: Improve access to quality health care through reduction in the number of uninsured and increased use of preventative care

Tactic 1: Support, monitor, and expand health care providers and systems for uninsured and underinsured City residents

Activity 1: Create guide of providers with diabetes and obesity related services for uninsured/underinsured.

Tactic 2: Provide support and education to under-served populations to help them make informed decisions around locating and accessing health care providers

Activity 1: Explore implementation of Community Health Care Model

Tactic 3: Support Medicaid expansion at the community level

Activity 1: Identify methods to increase number of primary care physicians in the City

Activity 2: Support Affordable Care Act enrollment for City residents

Tactic 4: Develop corps of community health leaders/workers

Activity 1: Identify and connect with organizations using community health workers

Activity 2: Determine feasibility for model in the City of St. Louis

Responsible Individual/Groups: Regional Health Commission, St. Louis Integrated Health Network, Health Care Work Group

Appendix A: Partners and Organizations Working Towards Obesity Plan Goals

Obesity Plan Goal	Partner Name	Program(s)
Goal 1: Identify obesity baseline data, monitor, and evaluate Plan progress	Missouri Department of Health & Senior Services	Epidemiologists/ Missouri County-level Study
	Midwest Health Initiative	Data Collection Live Well STL
Goal 2: Create city-wide obesity prevention campaign and support partner collaboration	Clear Channel	Sista Strut
	Incite (Emmis Communications)	Small Changes for Health
	Institute of Public Health, Washington University in St. Louis	Center for Community Health & Partnerships
Goal 3 & 4: Improve access to quality healthy eating and active living opportunities	American Heart Association	Fit-Friendly Worksites Jump Rope for Heart Hoops for Health
	BJC Corporate Health Services	Bee Fit - Worksite Wellness
	Trailnet	Healthy, Active, & Vibrant Communities
	Confluence Academy (Alliance for a Healthier Generation)	Improve school nutrition
	Gateway Greening	Community Gardens
	Great River Greenways	Greenways, bike lanes, and non-motorized trails
	Hebert Hoover Boys & Girls Club	Sports, Fitness, and Recreation programming
	Midtown Catholic Charities	City Greens
	University of Missouri - Extension	Healthy Corner Store project
	YMCA of Greater St. Louis	Diabetes Prevention Program Fitness classes Nutrition classes
	International Institute	Global Farms
	HopeBUILD	Community Gardens
	Amateur Swing	Amateur Swing Golf Program
	Cardinals Care	Youth Baseball Fields
	Diabetes Coalition	Kick Diabetes
	Governor Nixon	Governor's 100 Missouri Miles
	Living Word Apostolic Church	Friends with a Better Plan
	Operation Food Search	No Kid Hungry

		Cooking Matters Operation Backpack
	SPP Production	Hip Hop Health Initiative
	St. Louis Area Business Health Coalition	EAT Project Healthy Hearts at Work
	St. Louis Dairy Council	National School Breakfast Week
	St. Louis Public Schools	Health & Wellness Council
	STL Food Factory	Cooking and Gardening Courses
	Sweet Potato Project	Summer Gardening Camp
	Midwest Dairy Council	Fuel Up to Play 360
Goal 5: Improve access to quality health care through reduction in the number of uninsured and increased use of preventative care	St. Louis Regional Health Commission	Gateway to Better Health
	Integrated Health Network	Community Referral Coordinator Program
	Maternal, Child, & Family Health Coalition	Healthy Start program
	Legal Services of Eastern MO	Advocates for Family Health Public Benefits Project
	Missouri Jobs with Justice	Expand Medicaid

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